

Flu Vaccination – Helix Offline Form



Basic Information

First Name(s)	<input type="text"/>	Last Name(s)	<input type="text"/>
Date of Birth	<input type="text"/>	Telephone	<input type="text"/>
Post Code	<input type="text"/>	Address	<input type="text"/>
GP Practice	<input type="text"/>	NHS Number	<input type="text"/>

Encounter Details

Care Setting Type	<input type="checkbox"/> Onsite	<input type="checkbox"/> Roving at a Care Home	<input type="checkbox"/> Roving at a Detained Setting
	<input type="checkbox"/> Home of Housebound Patient	<input type="checkbox"/> Roving at a Residential Facility	<input type="checkbox"/> Community Pharmacy Led Site

Vaccine Type	<input type="checkbox"/> Quadrivalent influenza vaccine (split virion, inactivated) suspension for injection 0.5ml pre-filled syringes (Sanofi Pasteur)	<input type="checkbox"/> Cell-based quadrivalent influenza vaccine (surface antigen, inactivated) suspension for injection 0.5ml pre-filled syringes (Seqirus UK Ltd)
	<input type="checkbox"/> Influenza Tetra MYL vaccine suspension for injection 0.5ml pre-filled syringes (Viatris UK Healthcare Ltd)	<input type="checkbox"/> Quadrivalent influenza vaccine (split virion, inactivated) High-Dose suspension for injection 0.7ml pre-filled syringes (Sanofi)
	<input type="checkbox"/> Adjuvanted quadrivalent influenza vaccine (surface antigen, inactivated) suspension for injection 0.5ml pre-filled syringes (Seqirus UK Ltd)	<input type="checkbox"/> Fluenz Trivalent vaccine nasal suspension 0.2ml unit dose (AstraZeneca UK Ltd)
		<input type="checkbox"/> Other (Please Specify): <input type="text"/>

Eligibility Criteria *(Tick any that apply to the patient)*

<input type="checkbox"/> Individual is in a care home	<input type="checkbox"/> Individual is Immunosuppressed
<input type="checkbox"/> Individual works in a care home	<input type="checkbox"/> Individual is clinically at risk
<input type="checkbox"/> Individual is a Health Care Worker	<input type="checkbox"/> Individual is a household contact of people with Immunosuppression
<input type="checkbox"/> Individual is a Social Care Worker	<input type="checkbox"/> Individual is a carer
<input type="checkbox"/> Individual is eligible due to their age	<input type="checkbox"/> Individual has had CAR-T therapy or stem cell transplantation since their last vaccination
<input type="checkbox"/> Individual is eligible due to pregnancy	

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Clinical Screening *(Tick any that apply to the patient)*

Individual has indicated they are, or could be pregnant

Vaccination Record

Patient Consent 1. They agree to be given a vaccine by a trained clinician Patient Consent Given? Yes No
2. They declare that the information given is correct and complete

Clinician's Approval Is the individual suitable to receive a vaccine today? Yes No

Clinical Notes

Responsible Clinician

Responsible Drawer

Drawn up by

Administered by

Vaccination Record

Vaccine Dose Amount
Batch/Lot No Serial No
Date Administered Time
Route of Administration Site of Administration
National Protocol

Entered into HelixHub on (Date)

Entered by